

HQ FORSCOM VIDEO CONFERENCE RESERVATION FORM

(HQ FORCOM Memo 1-11)

1. Date of Request	2. Senior Attendee of Conference at FORSCOM
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3. Conference Type ☐ DVS-G ☐ Dail-Up Conference (DTV) ☐ Distance Station VTC

☐ Distance Station VTC

4. Conference Subject	5. Classification <input type="checkbox"/> Unclassified <input type="checkbox"/> Classified (SECRET)
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☐ Classified (SECRET)

6. Date/Range of Conference (MM/DD/YY)	7. Alternate Date/Range of Conference (MM/DD/YY)	8. Start Time (EASTERN) (MM/DD/YY)	9. Alternate Start Time (EASTERN) (MM/DD/YY)
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9. Alternate Start Time (EASTERN)
(MM/DD/YY)

10. "No Later Than" END TIME for Conference (EASTERN)	11. SIT DOWN TIME (MM/DD/YY) (EASTERN)	12. Duration of Conference (Hrs):(Min)
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12. Duration of Conference
(Hrs):(Min)

13. Requestor's Name	14. Requestor's Email	15. Requestor's Phone DSN: Commercial:	16. Directorate Executive Officer Approval
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MANDATORY (List one participant for each location)

[illegible]